



12007 Research Blvd. • Austin, Texas 78759-2439 • P.O. Box 301 • Austin, Texas 78767-0301
Tel 512.467.3699 • 800.482.7276 • Fax 512.467.3645 • tasbrmf.org

Administered by the Texas Association of School Boards, Inc.

Return completed Application to:
Trina Herbst – trina.herbst@tasb.org
or mail to the address listed above.

TASB RISK MANAGEMENT FUND
SCHOOL PROFESSIONAL LEGAL LIABILITY APPLICATION

GENERAL INFORMATION:

Public Entity: _____ County: _____
Mailing Address: _____ City/Zip: _____
Street Address: _____ City/Zip: _____
Phone Number: _____ Fax No.: _____
Date Quote Needed: _____ Board Approval Date: _____
Proposed Effective Date: _____
Contact Person: _____ Title: _____
Does the district have a risk manager on staff or someone in that capacity? Yes ___ No ___
If Yes, name and title: _____

Does the district have any formal safety or loss prevention programs in place? Yes ___ No ___

Property:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

General Liability:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

School Professional Legal Liability:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

Automobile Liability:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

Have any coverages been declined, cancelled, or non-renewed? If so, please indicate:

Property: _____ General Liability: _____ School Professional Legal Liability: _____ Auto: _____

Reason for declination/cancellation or non-renewal: _____

Total Average Daily Attendance: _____ (School Districts and Community Colleges)

Total budget: \$ _____ (ESC, CAD, CO-OP)

SCHOOL PROFESSIONAL LEGAL LIABILITY
Errors and omissions coverage for the district and school board members
Through the TASB RISK MANAGEMENT FUND

PLEASE ATTACH OR SEND A COPY OF A FIVE-YEAR LOSS REPORT

DEDUCTIBLE OPTIONS (PER OCCURRENCE) ARE BASED UPON THE NUMBER OF STUDENTS IN THE DISTRICT.

I. SCHOOL BOARD/BUDGET INFORMATION

1. Number of members on board _____
Members are: Elected _____ Appointed _____ Both _____
If appointed, by whom? _____
2. Term of office is _____ months

II. POLICIES / ACCREDITATION

1. Do you have localized policy service from TASB? Yes ___ No ___
If No, does attorney review your policies Yes ___ No ___
If Yes, how often? _____
2. Please provide your district's accreditation status for the past 5 years

III. RISK MANAGEMENT/LOSS INFORMATION

1. Has your district ever been involved in any dispute, suit, or had a claim filed against the applicant regarding the following?
Please attach or send complete liability loss information.
 - a. Integration or desegregation? Yes ___ No ___
 - b. School busing? Yes ___ No ___
 - c. Student or teacher strikes? Yes ___ No ___
 - d. Claims of discrimination, violation of civil rights, harassment, or retaliation? Yes ___ No ___
 - e. Unfair or improper treatment regarding employee hiring, remuneration, advancement or termination? Yes ___ No ___
2. How are board members elected? Single Member Districts _____ At Large _____
3. Is the signatory party aware of any act, error, or omission that he or she has reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed coverage? Yes ___ No ___
If Yes, please attach or send an explanation. _____
4. Is the district, its board, and/or its employees involved in or aware of any federal or state action or proceedings against the school district, its board members, or employees? Yes ___ No ___
If Yes, please attach or send an explanation. _____
5. Are security personnel employed/used by district? Yes ___ No ___
of personnel with arrest powers: _____
of personnel carrying firearms: _____

The undersigned authorized office of the applicant and/or board declares that to the best of their knowledge, the statements set forth herein are true. **This application does not bind the applicant** or the TASB Risk Management Fund, but it is agreed that this form shall be the basis of the contract should a coverage document be issued. This form will be attached to and made a part of the coverage document.

● _____
Signature Date

- Coverage cannot be bound without signature.
- 48 hours notice to bind coverage